Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE ()		OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		FEE	Γ	RATE	FEE
ВА	SIC FEE	2				tan di ang	345.00	OR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	690.00
то	TAL CLAIMS	21	minus 20	minus 20= * 1		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS 4 minus 3 = *						X39=		OR	X78=	18
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	786
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 21	Minus	·· 71	=	X\$ 9=		OR	X\$18=	
	Independent	· 4	Minus	*** Y	=	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
١.						TOTAL ADDIT. FEE	- " .	OR	TOTAL ADDIT. FEE	
ļ		(Column 1)		(Column 2)	(Column 3)	ADDII. 1 EE 1				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
MEN	Independent.	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		1	+260=	
	•	į.				TOTAL		OR OR	TOTAL	
L					(0.1	ADDIT. FEE		JON	ADDIT. FEE	<u> </u>
-	V. 3.74.85	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		4001	1		T ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 			
				O w-it- 40" i	alumn 2	+130=		OR	+260=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									EL

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9	1594685
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Total Fee Calculation

		Total F	ce Calcula	tion	1			
	Fee Cade	Total # Claims	Number Extra	X	Fee	Fee	-	Total
	Sm./Lg.				Sm. Entity	Lg Entir		
Dade Filing Fee	201/101 -					690	-	690
Total Claims >20	203/103	21 .20	0 - 1	X		18	-	18
Independent Clasms (-3)	20211,02	4 -3		λ		<u> 78</u>	-	17
Multi-Brep Claim Present	204/104	,					•	
Surcharge	200/100	•				130	-	130
English Translation	130							
TOTAL FEE CALCULA	ATION							916
Fees due upon filing ti	he application							
Total Filing Fees Due	= . 5	9,	16.00	_				
Less Filing Fees Subm	ined - \$		<u></u>	-				
BALANCE DUE	= \$		916.00	-			, ,	
	7. antes							

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